

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90217 050 \*\*\*150.00

U368/96  
 AV

**DOCUMENT # P00000088995**

1. Entity Name  
**TBS WORLDWIDE CONSULTING, INC.**

Principal Place of Business Mailing Address  
**10018 LEXINGTON ESTATES BLVD** **10018 LEXINGTON ESTATES BLVD**  
**BOCA RATON FL 33428** **BOCA RATON FL 33428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2000 GLADES RD** **2000 GLADES RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 110** **# 110**  
 City & State City & State  
**BOCA RATON, FL** **BOCA RATON, FL**  
 Zip Country Zip Country  
**33431 USA** **33431 USA**

4. FEI Number **65-1064185** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**SALTZMAN, TAMMY B**  
**10018 LEXINGTON ESTATES BLVD**  
**BOCA RATON FL 33428**

## 7. Name and Address of New Registered Agent

Name **Same AGENT**  
 Street Address (P.O. Box Number is Not Acceptable) **2000 GLADES RD # 110**  
 City **BOCA RATON** FL Zip Code **33431**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>SALTZMAN, TAMMY B</b>	
STREET ADDRESS	<b>10018 LEXINGTON ESTATES BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALTZMAN, TAMMY B</b>	
STREET ADDRESS	<b>10018 LEXINGTON ESTATES BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAMMY B. SALTZMAN</b>	
STREET ADDRESS	<b>2000 GLADES RD # 110</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAMMY B. SALTZMAN</b>	
STREET ADDRESS	<b>2000 GLADES RD # 110</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tammy B. Saltzman** **4/25/02 561-417-4300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)